

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09-62043
APPLICANT(S)

FILING DATE
09-29-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓	✓				
2		✓				
3		✓				
4		✓				
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TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	10	↓		↓		↓
TOTAL CLAIMS	13					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						